	ctive October 1, 2			4/01/	510	ر. ح
CLAIMS	S FILED - PART	· F	10	1/00	5/7	7
TOTAL CLAIMS	(Column 1)	(Column 2)	SMALL EN		OTHER	RT
FOR	NUMBER FILED		RATE	FEE	SMALL	EN
TOTAL CHARGEABLE CLAIMS		NUMBER EXTRA	BASIC FEE	OR	BASIC FEE	-
INDEPENDENT CLAIMS	minus 20=		X\$ 9=	OR	X\$18=	H
MULTIPLE DEPENDENT CLAIM PI	RESEN		X42=	OR	X84=	-
If the difference in column 1 is i	aco the		+140=			-
in/a/ CLAIMS AS A	ess man zero, enter	"0" in column 2	TOTAL		+280=	
(Outuitil)	MENDED - PART		<u> </u>		TOTAL	
CLAIMS	(Column Highes	ST		UT OR S	OTHER T	AH TTV
REMAINING AFTER AMENDMENT Total A Note of the control of the cont	NUMBE PREVIOU PAID FO	SLY	RATE TIC	001	1	AD
Total A	linus ** 20	- 8	7			101 FE
Independent 2 N	linus		X\$ 9=	OR X	\$18=	
FIRST PRESENTATION OF MULT	TIPLE DEPENDENT C	AIM	X42=	OR X	84=	
			+140€	OR 42	80=	
(Column 1)			ADDIT FEE			<u> </u>
CLAIMS REMAINING	(Column :			. ADDI	T. FEE	
AFTER AMENDMENT	NUMBER PREVIOUSL PAID FOR	Y	RATE TION		AD	DDI
Total Min			FEE		,)NA EE
Independent + Min	US . Add	=	X\$ 9=	OR X\$1	8=	
IRST PRESENTATION OF MULTIF	LE DEPENDENT CLA	IM 🔲	X42=	OR X84	= .	
	•		+140=	OR +280)=	·
(Column 1)			TOTAL ADDIT. FEE	700	TAI	
CLAIMS REMAINING	(Column 2)	(Column 3)		ADDIT,	EEL	
AFTER AMENDMENT	PREVIOUSLY	PRESENT EXTRA	ADDI-		ADDI	<u> </u>
tal * Minus	PAID FOR	1	RATE TIONAL FEE	RATE	TIONA	AL,
lependent * Minus		=	X\$ 9=	OR X\$18:	FEE	H
RST PRESENTATION OF MULTIPLE	E DEPENDENT CLAIM		X42=	OR X84=	-	_

* If the entry in column 1 is less than the entry in column 2, write '0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE

OR

ADDIT. FEE

OR

ADDIT. FEE

OR

ADDIT. 11

ADDIT. FEE

OR

ADDIT. 12

ADDIT. FEE

OR

ADDIT. 12

ADDIT. 13

ADDIT. 14

ADDIT. 15

A

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+280=